

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

و بہ	8						
EMA re	Patent	Application of					
LEVI	N et a	I	Atty. Ref.: 3659-10				
Serial	No.	09/618,759	Group: 3762				
Filed:	Jul	y 18, 2000	Examiner: DEAK, Leslie R.				
For:		HOD AND APPARATUS FOR PERIPHERAL VEIN OVAL IN HEART FAILURE	N FLUID				
1		* * * * * * * *	* * *				
			March 31, 2004				
		ommissioner for Patents a, DC 20231	·				
Sir:		SUPPLEMENTAL INFORMATION DISCL	OSURE STATEMENT				
	1.	PTO-1449 Pursuant to 37 CFR 1.97(b) [within 3 months of filing or prior to 1st Office	Action] N/C				
$\boxtimes$	2.	Statement Pursuant to 37 CFR 1.97(c) [before Final Office Action or Allowance]	N/C		÷		
	3.	Fee Payment Pursuant to 37 CFR 1.97(c) [before Final Office Action or Allowance]	\$180.00				
	<b>4.</b>	Petition, Statement & Petition Fee Payment [before Issue Fee payment]	Pursuant to 37 CFR 1.97(d) \$130.00				
		ommissioner for Patents a, DC 20231					
Sir:							
	The	following are submitted in the above-identified a	application in compliance with 37		8		
C.F.R	R. §§ 1	.97 and 1.98:		29	180.00 OP		
	5.	5. A list of documents on Form PTO-1449 together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.					
This 1	paper i	s submitted in accordance with:					
	6.	37 CFR 1.97(b): [within 3 months of filing or	prior to 1st Office Action]	4 ZJUHAR1	92		

LEVIN et al Serial No. 09/618,759

$\boxtimes$	7.	37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; a	ınd				
		The required Statement made in item 9 below; or					
	$\boxtimes$	The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 10 below.	tion				
	8.	37 CFR §1.97(d): [before issue fee payment]; and					
		This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$130.00) required by 37 CFR §1.17(i) is authorisin item 10 below; and	zed				
		The required Statement is stated in item 9 below.					
	9.	ement under 37 CFR 1.97(e)					
		Each item of information contained in this Information Disclosure Statement cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement; or					
		No item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing this Statement, after making reasonable inquiry, no item of information contained in this Statement was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this Information Disclosure Statement.					
	10.	Please charge all applicable fees associated with the submission of this Information Disclosure Statement and any other fees applicable to this application to Deposit Account No. 14-1140. An original and one (1) copy of this document are enclosed.					
		Respectfully submitted,					
		NIXON & VANDERHYE P.C.					
***	ıc	By: Jeffry H. Nelson Reg. No. 30,481					

JHN:glf

1100 North Glebe Road, 8th Floor

Arlington, VA 22201-4714 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

O PINFORMATION DISCLOSURE CITATION		ATTY. DOCKET NO.  3659-10 APPLICANT		SERIAL NO. 09/618,759			
BADEMARY	<del>y</del>	July 18, 2000		3762			_
		U.S. PATEN	T DOCUMENTS		<u> </u>		
*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS		DATE OPRIATE
	5,366,630	11/1994	Chevallet				
	5,730,712	03/1998	Falkvall et al				
		EODEICH DA	TENT DOCUMENTS				
		FUNEIGN PA	TENT DOCUMENTS			TDANC	LATION
	DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	YES	NO
							<u> </u>
			· · · · · · · · · · · · · · · · · · ·				
	OTHER DOC	JMENTS (including A	Author, Title, Date, Per	rtinent pages,	etc.)		
	Jonathan D. Sackner-E	Bernstein, MD et al., "H	low Should Diuretic-Re	fractory, Volum	e-Overload		
<u> </u>	Patients Be Managed? Brian E. Jaski, MD et a Overloaded Patients",	l., "Peripherally Inserte		Itration for Rapi	d Treatmen		
		-· -·			· · · · · · · · · · · · · · · · · · ·		
*Examiner			Date Considered				· · · · · ·
	al if reference considered, whether or		ith MPEP 609; Draw line through	citation if not in confo	rmance and not	considered.	. Include
copy of this form	n with next communication to applicati	O11.			Form PTO-FB-	A820 (Also	PTO-1449